

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

09/023401

APPLICANT(S)

4-8-04

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		4-8-04	IND.	DER.	IND.	DER.	IND.	DER.
	IND.	DER.	IND.	DER.							
1					51						
2					52						
3					53						
4					54						
5					55						
6					56						
7					57						
8					58						
9					59						
10					60						
11					61						
12					62						
13					63						
14					64						
15					65						
16					66						
17					67						
18					68						
19					69						
20					70						
21					71						
22					72						
23					73						
24					74						
25					75						
26					76						
27					77						
28					78						
29					79						
30					80						
31					81						
32					82						
33					83						
34					84						
35					85						
36					86						
37					87						
38					88						
39					89						
40					90						
41					91						
42					92						
43					93						
44					94						
45					95						
46					96						
47					97						
48					98						
49					99						
50					100						
TOTAL IND.					TOTAL IND.						
TOTAL DER.					TOTAL DER.						
TOTAL CLAIMS					TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS